



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 8/27/19 PLEASE PRINT Time: 9:00AM

Agenda/Item Number: Golliver Application

Issue: _____

Name: Margie Luis

Mailing address: 4520 Santa Maria Street

City: Coral Gables State/Zip: FL 33146

Phone: 305 898-7264 E-mail: mm.luis@luisinsurance.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: Coral Gables residents & Golliver parents

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

We have 2 children at Golliver since Pre K3 which are now 4th & 7th graders. It is an outstanding academy/athletic institution and
 Signature Margie Luis

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.

means well for our communities and Coral Gables.



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 8/27/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Golliver Apply

Name: Patricia Villal

Mailing address: 5800 SW 935

City: Miami State/Zip: FL 33156

Phone: 305-779-3008 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

 Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8-27-15 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Galliv

Name: George Fernandez

Mailing address: 5874 SW 131 Ter

City: Phonix State/zip: FL

Phone: 305 206 4300 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: Cables By the Sea Hall

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

 Signature [Signature]

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Order of receipt _____

Date: 8/27/2019 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Galliver Application

Name: Ylaria Carla Novara

Mailing address: 330 DOLANS CT

City: CORAL GABLES State/zip: FLORIDA

Phone: 609-925-0505 E-mail: cielito111@hotmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

 Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 8/27/19 PLEASE PRINT Time: 9:10 am

Agenda/Item Number: _____

Issue: Guthrie Schools Application

Name: Zenab Ramos

Mailing address: 129 Savilan Avenue,

City: Coral Gables, FL 33143

Phone: 305 828 0660 E-mail: zenabramos@hotmail.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature Zenab Ramos

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Date: 8/27/19 PLEASE PRINT Time: 9:15

Agenda/Item Number: _____

Issue: Guthrie Schools Application

Name: Susan Barron

Mailing address: 8496 Old Cutler Rd

City: Coral Gables, FL 33143

Phone: 786 972 0523 E-mail: sbarron@cor.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature Susan Barron

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Date: 8/27/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Gulliver Application

Name: Helena Figueroa

Mailing address: 7530 SW 57 Ct

City: Miami State/Zip: FL 33143

Phone: 3058045705 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

Signature _____

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Date: 8/27/19 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Gulliver application

Name: Daneez Khan

Mailing address: 12855 SW 57th Ave

City: Coral Gables State/Zip: FL 33156

Phone: 212-945-8356 E-mail: dinkaque@aol.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

Signature Daneez Khan

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City of Coral Gables
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Date: 8/27/19 PLEASE PRINT Time: 9:15

Agenda/Item Number: Gulliver Zoning

Issue: Gulliver Zoning

Name: Faith READ Xenos

Mailing address: 6920 Sunrise Place

City: Coral Gables State/Zip: FL 33133

Phone: 305)926-5855 E-mail: Faithmitchni@pelisouth.net

Are you a registered lobbyist with the City of Coral Gables? Yes No NET

Representing: Gulliver

- I wish to speak Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

I would like to see this approved unanimously.

Signature: Faith Read Xenos

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Issue: GULLIVER APPLICATION

Name: ALEXANDRA BARROSO

Mailing address: 619 SANDY TRAIL DRIVE

City: CORAL GABLES State/Zip: FL 33143

Phone: 786-285-4487 E-mail: abbarosano@gmail.com

Are you a registered lobbyist with the City of Coral Gables? Yes No

Representing: GULLIVER SCHOOLS

- I wish to speak Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

Signature: Alexandra Barroso

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City of Coral Gables
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Order of receipt _____

Date: 8/26/19 PLEASE PRINT Time: _____

Agenda/Item Number: Gulliver Application

Issue: _____

Name: Donna Fouq-yea

Mailing address: 7500 SW 120 ST

City: Miami State/Zip: 33156

Phone: 305-238-3424 E-mail: foud@
gulliverschools.org

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

 Signature

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City of Coral Gables
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Order of receipt _____

Date: 8/26/19 PLEASE PRINT Time: 9:30

Agenda/Item Number: Gulliver Application

Issue: _____

Name: Jennifer Momen Medwin

Mailing address: 11601 SW 68th Ct

City: Miami State/Zip: FL 33156

Phone: 305-302-9111 E-mail: jmedwin@bellsohio.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

 Signature

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Students is the healthiest.



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Date: 08/27/19 PLEASE PRINT Time: 9:20am

Agenda/Item Number: _____

Issue: Billiver Application

Name: Amy Abreu (Francesca Abreu)

Mailing address: 5865 SW 19th St

City: Coral Gables State/Zip: FL

Phone: (786) 390-9579 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

 Signature _____

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Agenda/Item Number: Billiver Application

Issue: _____

Name: Pablo Luis

Mailing address: 4530 Santa Maria St.

City: Coral Gables State/Zip: FL 33146

Phone: 305-340-9905 E-mail: pluis@businessbarbecue.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: Covered / Paired / Coral Gables resident

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

 Signature _____

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PLEASE PRINT

Date: 8/27/14 Time: _____

Agenda/Item Number: _____

Issue: GULLIVER APPLICATION

Name: COLIN POTTER

Mailing address: 6870 GRANADA BLVD

City: CORAL GABLES State/Zip: 33146

Phone: 305 393 6949 E-mail: colinp@potter580@gmail.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature:

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Agenda/Item Number: _____

Issue: Gulliver Schools

Name: Scott Dawson

Mailing address: 2655 Le Tean Rd 71

City: Coral Gables State/Zip: FL

Phone: 305 445 3000 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Support Gulliver Schools Application

Signature:

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